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CONFIRMATION NO. 8290

SERIAL NUMBER 10/615,581	FILING DATE 07/08/2003 RULE	CLASS 324	GROUP ART UNIT 2858	ATTORNEY DOCKET NO. 60,449-072
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APPLICANTS

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** CONTINUING DATA *****

This appln claims benefit of 60/394,470 07/08/2002

Yes Add 12/12/2005

** FOREIGN APPLICATIONS *****

None Add 12/12/2005

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 11/05/2003

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY CANADA	SHEETS DRAWING 6	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature <i>ADL</i> Initials <i>AD</i>				

ADDRESS

026096

CARLSON, GASKEY & OLDS, P.C.

400 WEST MAPLE ROAD

SUITE 350

BIRMINGHAM, MI

48009

TITLE

Integrated occupant sensory system

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
		<input type="checkbox"/> 1.17 Fees (Processing Ext. of time)

RECEIVED 675	No. _____ for following:	<table border="1"><tr><td data-bbox="1031 149 1477 201"><input type="checkbox"/> 1.18 Fees (Issue)</td></tr><tr><td data-bbox="1031 201 1477 254"><input type="checkbox"/> Other _____</td></tr><tr><td data-bbox="1031 254 1477 306"><input type="checkbox"/> Credit</td></tr></table>	<input type="checkbox"/> 1.18 Fees (Issue)	<input type="checkbox"/> Other _____	<input type="checkbox"/> Credit
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